erwork Reduction Act of 1995, no persons are require

PTO/SB/30 (04-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Request For Continued Examination (RCE) **Transmittal** 

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| ed to respond to a collection of informa | ation unless it contains a valid OMB control number. |
|--|--|
| Application Number                       | 10/714,194   |
| Filing Date                              | November 17, 2003                                    |
| First Named Inventor                     | Radislav A. Potyrailo                                |
| Art Unit                                 | 1743   |
| Examiner Name                            | Yelena G. Gakh                                       |
| Attorney Docket Number                   | 1302-416Q  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8,

| 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USP1O) on page 2.   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1.' Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). |  |  |  |  |  |  |  |
| Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.   |  |  |  |  |  |  |  |
| i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on   |  |  |  |  |  |  |  |
| i. Other Amendment dated August 15, 2007   |  |  |  |  |  |  |  |
| b. Enclosed  |  |  |  |  |  |  |  |
| I. Amendment/Reply iii. Information Disclosure Statement (IDS)   |  |  |  |  |  |  |  |
| ii. Affidavit(s)/ Declaration(s) iv. Other   |  |  |  |  |  |  |  |
| 2. Miscellaneous   |  |  |  |  |  |  |  |
| Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a  |  |  |  |  |  |  |  |
| a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  |  |  |  |  |  |  |  |
| b. Other   |  |  |  |  |  |  |  |
| 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  |  |  |  |  |  |  |  |
| The Director is hereby authorized to charge any underpayments, or credit any overpayments, to Deposit Account No. 50-2339  |  |  |  |  |  |  |  |
| i. RCE fee required under 37 CFR 1.17(e)   |  |  |  |  |  |  |  |
| ii. Extension of time fee (37 CFR 1.136 and 1.17)  |  |  |  |  |  |  |  |
| iii. Other   |  |  |  |  |  |  |  |
| b. Check(s) in the amount of \$enclosed  |  |  |  |  |  |  |  |
| c. Payment by credit card (Form PTO-2038 enclosed)   |  |  |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |  |  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED  |  |  |  |  |  |  |  |
| Name (Print/Type) Adrian T. Calderone Registration No. (Attomey/Agent) 31,746 Signature Date September 12, 2007  |  |  |  |  |  |  |  |
| CERTIFICATE OF MAILING   |  |  |  |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  |  |  |  |  |  |  |  |
| Name (Print/Type)   Adrian/T. Calderone  |  |  |  |  |  |  |  |
| Signature Date September 12, 2007  |  |  |  |  |  |  |  |

PTO/SB/17 (01-06)

| Complete if Known   FEE TRANSMITTAL   Filing Date   November 17, 2003   First Named Inventor   Radislav A, Potyrallo   Examinen Name   Velena G, Gakh   Atl Unit   1743   Alt Unit   1743   Al  | Under the Derwork Reduction Act of 1995 no per  | Approved for use through U/3/1/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Gerwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number |                      |                                       |                      |                |  |  |  |
|---|---|--|----------------------|---------------------------------------|----------------------|----------------|--|--|--|
| FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 790.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number_60:2339 Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below. Charge fee(s) indicated below Charge fee(s) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, exc   | PRADEMARY   | - · · · · · · · · · · · · · · · · · · ·  |                      |                                       |                      |                |  |  |  |
| FOR FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 790.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 50.2339  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Money Order Charge fee(s) indicated below Money Order Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Record to the filing fee Money Charge fee(s) indicated below Record to the filing fee Money Charge fee(s) indicated below Record to the filing fee Money Charge fee(s) indicated below Record to the filing fee Money Charge fee(s) indicated below, except for the filing fee Money Charge fee(s) indicated below, except for the filing fee Money Charge fee(s) indicated below, except for the filing fee Money Charge fee(s) indicated below, except for the filing fee Money Charge fee(s) indicated below, except for the filing fee Money Charge fee fee Money Charge fee fee fee fee fee fee fee fee fee f   | FEE TRANSMITTAL   |  | Application Number   | 10/714,194                            |                      |                |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |   |  | Filing Date          | Novemb                                | er 17, 2003          |                |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT (\$) 790.00   |   |  | First Named Inventor | Radislav                              | adislav A. Potyrailo |                |  |  |  |
| METHOD OF PAYMENT (check all that apply)  | Applicant claims small entity status. See   | Examiner Name  | Yelena C             | Yelena G. Gakh                        |                      |                |  |  |  |
| METHOD OF PAYMENT (check all that apply)   Check  |   | 37 CFR 1.27  | Art Unit             | 1743                                  |                      |                |  |  |  |
| Check   | TOTAL AMOUNT OF PAYMENT (\$)  | 790.00   | Attorney Docket No.  | 1302-416Q                             |                      |                |  |  |  |
| Deposit Account Deposit Account Number   S0-2339   Deposit Account Name   | METHOD OF PAYMENT (check all that apply)  |  |                      |                                       |                      |                |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, oxcept for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling feed indicated below, except for feed indicated below, except feed indicated below  | Check Credit Card Money Order None Other (please identify):   |  |                      |                                       |                      |                |  |  |  |
| Charge fee(s) indicated below. except for the filing fee    Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee fee feet feet for feet for feet feet for feet feet feet feet feet feet feet fee  | · · · · · · · · · · · · · · · · · · ·   |  |                      |                                       |                      |                |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   |   |  |                      |                                       |                      |                |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments  |   |  |                      |                                       |                      |                |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)   | Change to different factors and different factors are a factors.  |  |                      |                                       |                      |                |  |  |  |
| Information and authorization on PTO-2038.   FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   Small Entity   Fee (5)   Fee (  | under 37 CFR 1.16 and 1.17  |  | V Orcan arry o       |                                       |                      | credit card    |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   F    | information and authorization on PTO-2038.  |  |                      |                                       |                      |                |  |  |  |
| FILING FEES   Small Entity   Fee (\$)   Fee ( | FEE CALCULATION (All the fees below   | are due upon fi  | ling or may be subje | ct to a su                            | rcharge.)            |                |  |  |  |
| Application Type  |   |  |                      |                                       |                      |                |  |  |  |
| Application Type  |   |  |                      | · · · · · · · · · · · · · · · · · · · |                      |                |  |  |  |
| Design   200   100   100   50   130   65  | Application Type Fee (\$) Fee   |  | . <del></del> -      |                                       |                      | Fees Paid (\$) |  |  |  |
| Plant   200   100   300   150   160   80  | Utility 300 150   | 500  | 250 20               | 00 10                                 | 00                   |                |  |  |  |
| Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = /50 = (round up to a whole number) x = Fee Paid (\$)  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 31.746  Registration No. (Attorney/Agent) 31.746  Registration No. (Attorney/Agent) 31.746   | Design 200 100  | 100  | 50 13                | 30 <i>6</i>                           | 55 <u> </u>          | ·              |  |  |  |
| Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Plant 200 100   | 300  | 150 10               | 50 8                                  | 30 _                 |                |  |  |  |
| 2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP =  | Reissue 300 150   | 500  | 250 60               | 00 30                                 | )0 _                 |                |  |  |  |
| Fee (\$)   Fee (\$)   | Provisional 200 100   | 0  | 0                    | 0                                     | 0                    |                |  |  |  |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = (round up to a whole number) x = Fee Paid (\$)  AOTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination  Registration No. (Automey/Agent) 31.746  Telephone (516) 228-8484   |   |  |                      |                                       | (4)                  |                |  |  |  |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  - 20 or HP =   |   | s)   |                      | -                                     |                      |                |  |  |  |
| Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fees Paid (\$)  Total Sheets  Fees Paid (\$)  Registration No. (Antorney/Agent) 31,746  Telephone (516) 228-8484  |   |  |                      |                                       | 200                  | 100            |  |  |  |
| - 20 or HP =  |   |  | 360                  | 180                                   |                      |                |  |  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (516) 228-8484   | Total Claims Extra Claims   | Fee (\$) Fee   | Paid (\$)            | <u>M</u>                              | ultiple Depend       | ent Claims     |  |  |  |
| Indep. Claims  - 3 or HP = x = x = =  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 31,746  Telephone (516) 228-8484  |   |  | <del></del>          | į                                     | Fee (\$)             | ee Paid (\$)   |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |   |  | Paid (\$)            | _                                     |                      |                |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  | 3 or HP = x   | =  |                      |                                       |                      |                |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   |   |  |                      |                                       |                      |                |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |  |                      |                                       |                      |                |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 31,746  Telephone (516) 228-8484   |   |  |                      |                                       |                      |                |  |  |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination  SUBMITTED BY Signature  Registration No. (Attorney/Agent) 31,746  Telephone (516) 228-8484  | sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |  |                      |                                       |                      |                |  |  |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination  SUBMITTED BY Signature  Registration No. (Attorney/Agent) 31,746  Telephone (516) 228-8484  | Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)                 |  |                      |                                       |                      |                |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Continued Examination  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 31,746  Telephone (516) 228-8484  | 4 OTHER FEEO  |  |                      |                                       |                      |                |  |  |  |
| SUBMITTED BY Signature Registration No. (Attorney/Agent) 31,746 Telephone (516) 228-8484  |   |  |                      |                                       |                      |                |  |  |  |
| Signature Registration No. (Attorney/Agent) 31,746 Telephone (516) 228-8484   | Other (e.g., late filing surcharge): Request for Continued Examination \$790                                      |  |                      |                                       |                      |                |  |  |  |
| Signature Registration No. (Attorney/Agent) 31,746 Telephone (516) 228-8484   | SUBMITTED BY  |  |                      |                                       |                      |                |  |  |  |
|   | Signature Registration No. 31 746 Telephone (516)   |  |                      |                                       |                      |                |  |  |  |
| Name (Print/Twe)(Adrian   Calderone 10ate Sentember 12 2007   | - garagain  | Name (Print/Type) Adrian T. Calderone  |                      |                                       |                      |                |  |  |  |

CERTIFICATION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as first class mail addressed to: Mail Stop RCE. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 12, 2007

Adrian T. Calderone